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**DESIGNATED OFFICE**  
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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<b>TOTAL IND.</b>									
<b>TOTAL DEP.</b>									
<b>TOTAL CLAIMS</b>									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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